

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: <u>1183</u>	2. Fiscal Year Covered From: <u>01/01/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing.	
Name: <u>Michael</u> <u>3</u> <u>Sexton</u>	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any	Name: <u>Chicago Regional Council of Carpenters</u>
Street: <u>10532 S Millard</u>	Labor Organization File Number: <u>001-949</u>
City: <u>Chicago</u>	P.O. Box, Building and Room Number, if any
State: <u>Illinois</u>	Street: <u>32 East Erie Street</u>
ZIP Code + 4: <u>60655</u>	City: <u>Chicago</u>
State: <u>Illinois</u>	ZIP Code + 4: <u>60611</u>
5. Position in labor organization. <u>Business Representative Local 13</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name:	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	ZIP Code + 4

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: Michael Sexton

On: 8-15-05
Date

312 829 1396
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (Including trade name, if any).

Name Whitfield & McGann

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Suite 1601

Street Two North La Salle

City Chicago

State Illinois

ZIP Code + 4 60602

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Business Meals & Protection Received from during Holiday Season

11.b. Approximate dollar value of such dealing.

\$294

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A. and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Goldberg, Weinstein & Cairo LTD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

34th Floor

Street One East Wacker Drive

City Chicago

State Illinois

ZIP Code + 4 60601

14.a. Nature of payment.

Baseball Tickets

14.b. Amount of payment.

\$250

Name of Person Filing Michael Sexton

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (Including trade name, if any).Name **Chgo Reg Council of Carpenters Pension Fund**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street **12 East Erie street**City **Chicago**State **Illinois** ZIP Code + 4 **60611****9. Business deals with:** a. Labor Organization b. Trust c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **Chgo Reg Council of Carpenters Pension Fund**Trade Name, if any: **Chgo Reg Council of Carpenters Pension Fund**P.O. Box, Bldg., Room No., if any: **12 East Erie Street**Street **12 East Erie Street**City **Chicago**State **Illinois** ZIP Code + 4 **60611****11.a. Nature of such dealing.****Reimbursed Expenses for International Foundation Employee Benefits Plan Conference, New Orleans, LA****11.b. Approximate dollar value of such dealing.** **\$2,500****12.a. Nature of interest held or income received.****12.b. Amount.**